Rate Floor Data

	1 2 3 1 1 1 2 4 1 2		A STATE OF S			umber 3060-0986
Block	l - Contact Infor	mation				
ROW#	DATA ELEMENT		FORMAT OF REQUESTED DATA	RESPONSE		
1	Carrier Study Area Code			6 numeric digits	472225	
2	Carrier Study Area Name			alpha characters	CenturyTel of Idaho	
3	Service Provider Identification Number			9 numeric digits	143002517	
4	Residential Local Service Charge Effective Date			mm/dd/yyyy	6/1/2014	
5	Contact Name			alpha characters	Ken Buchan	
6	Contact Telephone Number (include area code)			9 numeric digits	(318) 362-1538	
7	Sheet number			numeric digit(s)	1	
8	Total Number of Sheets			numeric digit(s)	1	
1	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	2 - Residential L Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops	
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34	b - 15-75				1900.150	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of Of	ficer as to the Accur	acy of the Data Reported	d for the Rate Floor Data
I certify that I am an officer of the repor reported ; and, to the best of my knowle			
Name of Reporting Carrier: CenturyTel of Idaho	, Inc. d/b/a CenturyLink		
Signature of authorized officer:	Dec	>	Date 6/20/14
Printed name of authorized officer: David D. Cole		<u> </u>	
Title or position of authorized officer: Executive Vice	e President of Operations Su	pport and Controller	
Telephone number of authorized officer: (318) 388	3 - 9000, ext		
Study Area Code of Reporting Carrier	472225	Filing Due Date for this form (mm/dd/yyyy)	7/1/2014